

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039715

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 159

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Plains Rest Home</u>		d. STREET ADDRESS <u>Rover Route</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Sena</u> Middle <u>May</u> Last <u>Grismer</u>			4. DATE OF DEATH Month <u>November</u> Day <u>5</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/7/1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	9. AGE (last birthday) <u>51</u>
11a. FATHER'S NAME <u>unknown</u>		11b. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Gilbert R. Grismer, West Plains, Mo</u>		14. NAME OF HUSBAND OR WIFE <u>Gilbert R. Grismer</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>METASTATIC CARCINOMA</u> DUE TO (b) <u>PRIMARY BREAST, LEFT</u> DUE TO (c) <u>18 months</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CACHEXIA</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>7:15</u> a.m. <u>pm</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>—</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
20f. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY <u>—</u> STATE <u>—</u>	
21. I attended the deceased from <u>7-11-62</u> to <u>11-5-63</u> and last saw her alive on <u>11-1-63</u>		Death occurred at <u>7:15 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Jack N. Wiles, MD</u> (Degree or title)		22b. ADDRESS <u>West Plains, Mo.</u>	
22c. DATE SIGNED <u>11-6-63</u>		23a. BIRTHAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11/8/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Mtn. View, Missouri</u>		23e. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
24. FUNERAL DIRECTOR <u>Carter Funeral Home, West Plains, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-6-63</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: _____

Licensed Embalmer No. 7516

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.